



MISSOURI DEPARTMENT OF REVENUE  
DRIVER LICENSE BUREAU  
301 WEST HIGH STREET — ROOM 470  
P.O. BOX 200  
JEFFERSON CITY, MO 65105-0200  
**STATEMENT OF NON-INVOLVEMENT**

FORM  
**1600**  
(REV. 6-2006)

TELEPHONE (573) 751-7195 FAX (573) 526-7365

CASE NUMBER

I, \_\_\_\_\_, hereby state that I was not in any manner  
(FIRST, MIDDLE, LAST NAME)  
involved in a motor vehicle accident, either as vehicle operator or owner,

OF A (VEHICLE MAKE, YEAR, MODEL)	ON THE	TIME	<input type="checkbox"/> AM
	DAY OF	YEAR	<input type="checkbox"/> PM
ON (STREET OR HIGHWAY)	OR NEAR (TOWN OR CITY) _____, MISSOURI.		

I STATE THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	DRIVER LICENSE NUMBER	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE

MO 860-0453 (6-2006)

DOR-1600 (6-2006)



MISSOURI DEPARTMENT OF REVENUE  
DRIVER LICENSE BUREAU  
301 WEST HIGH STREET — ROOM 470  
P.O. BOX 200  
JEFFERSON CITY, MO 65105-0200  
**STATEMENT OF NON-INVOLVEMENT**

FORM  
**1600**  
(REV. 6-2006)

TELEPHONE (573) 751-7195 FAX (573) 526-7365

CASE NUMBER

I, \_\_\_\_\_, hereby state that I was not in any manner  
(FIRST, MIDDLE, LAST NAME)  
involved in a motor vehicle accident, either as vehicle operator or owner,

OF A (VEHICLE MAKE, YEAR, MODEL)	ON THE	TIME	<input type="checkbox"/> AM
	DAY OF	YEAR	<input type="checkbox"/> PM
ON (STREET OR HIGHWAY)	OR NEAR (TOWN OR CITY) _____, MISSOURI.		

I STATE THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	DRIVER LICENSE NUMBER	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE

MO 860-0453 (6-2006)

DOR-1600 (6-2006)